

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
FATHER,  
vs.  
\_\_\_\_\_,  
MOTHER.

Case No. \_\_\_\_\_

AFFIDAVIT OF SERVICE OF SUBPOENA

\_\_\_\_\_  
State of Idaho, Department of Health and Welfare

I certify:

I, \_\_\_\_\_, a resident of Idaho, over the age of eighteen (18) years, and not a party to the action, served a subpoena on \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_m., on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at the following address: \_\_\_\_\_ by personally handing or delivering a copy to \_\_\_\_\_, or handing or delivering a copy to \_\_\_\_\_, a person of suitable age (eighteen years) and discretion residing at the usual abode of the person to be served.

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/printed

\_\_\_\_\_  
Signature